

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 126
Local Registrar's No. 2

1. PLACE OF BIRTH

County

Gila

State

District or Township

or Village

City

Hayden

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number
If child is not yet named, make supplemental report, as directed.

2. Full name of child

Reynolds Roy

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

Legitimate?

7. Date

of birth

Month

Day

Year

5. No., in order of birth

1st

Jan 7 1929

8

FATHER

Full name

Frederic Roy

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Hayden

14.

MOTHER

Full maiden name

Theresa Lugo

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Hayden

16. Color or race

White

17. Age at last birthday

22 (Years)

11. Age at last birthday

23 (Years)

12. Birthplace (city or place)

(State or country)

Realtos Son, Mex

18. Birthplace (city or place)

(State or country)

Hogalez, Mex

13. Occupation

Nature of industry

Labour

19. Occupation

Nature of industry

House Wife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

2

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.) at 7 A. M. on the date above stated.

Signature

Charles R. Hurst
Hayden, Arizona
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
a supplemental report.

Month, day, year

Address

969-107-436

Registrar

Filed

Jan 12 1929

1929

W.D. Nash

Registrar